



# APPLICATION FOR POOL/SPA PLAN REVIEW

Environmental Health Services Division

Davis County Health Department

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, TDD 801-451-3288

Fax: 801-525-5122

## Pool Information ☐ Renovation ☐ New Facility

Pool Name \_\_\_\_\_

Pool Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Type of Use:** ☐ Year-Round Pool ☐ Year-Round Spa ☐ Seasonal Pool ☐ Seasonal Spa

**Type of Pool:** ☐ Swimming ☐ Wading ☐ Therapy ☐ Spa

☐ Wave Pool ☐ Water Slide ☐ Interactive Water Feature

☐ Other (Please specify) \_\_\_\_\_

## Builder/Contractor Information

Business Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Engineer Information

Business Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Owner Information (Please provide as much information as possible)

Corporation Name \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

☐ Individual

☐ Partnership

☐ L.L.C.

☐ Corporation

It is the responsibility of the Builder/Contractor to provide access to the swimming pool/spa for representatives of the Health Department at any reasonable time. Please make arrangements for Health Department access. The requested plan review will be provided only after the required fee has been received. Swimming pool/spa permit issuance for the completed pool/spa is predicated on compliance with the Davis County Public Swimming Pool Rules and Regulations. A pool/spa permit may be suspended and/or revoked for non-compliance.

Date of Application: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Amount Paid: \_\_\_\_\_

[Revised 03/11/2013]